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## BIB DATA SHEET

CONFIRMATION NO. 2599

|  |   |                                       |   |  |                                |
|--|---|---------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/597,549   | <b>FILING or 371(c) DATE</b><br>09/03/2008<br><b>RULE</b>   | <b>CLASS</b><br><del>548</del><br>725 | <b>GROUP ART UNIT</b><br>2426   | <b>ATTORNEY DOCKET NO.</b><br>007412.00135 |                                |
| <b>APPLICANTS</b><br>Richard M. Woundy, North Reading, MA;<br>Jean-Pol Zundel, Berwyn, PA;<br>Neville Black, Collegeville, PA;<br>Harry Hartley, Brandenton, FL;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US2005/002627 01/31/2005<br>which claims benefit of 60/540,161 01/29/2004<br>and claims benefit of 60/598,241 08/03/2004<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>09/04/2008 |   |                                       |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/MARY ANNE KAY/</u><br>Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>MA         | <b>SHEETS DRAWINGS</b><br>2   | <b>TOTAL CLAIMS</b><br><del>15</del> 21    | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>BANNER & WITCOFF, LTD<br>ATTORNEYS FOR CLIENT NUMBER 007412<br>1100 13th STREET, N.W.<br>SUITE 1200<br>WASHINGTON, DC 20005-4051<br>UNITED STATES  |   |                                       |   |  |                                |
| <b>TITLE</b><br>System and Method for Failsoft Headend Operation   |   |                                       |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>780  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |